



## **Procedure: Loan of Multi-User Breast Pumps**

Volume: Nutrition Services/Breastfeeding

Section: Breastfeeding

Approval Date: 11.2012

Citation: 246.14 (b)(1)(iii), MPSF-1:WC-95-37 Revised Date:

### ***Purpose***

To enable WIC mothers to initiate breastfeeding and increase the duration of breastfeeding when they need to establish their milk supply without their baby, such as in cases of pre-maturity, sick newborn or other special needs.

### ***When to Issue a Multi-User Electric Breast Pump***

The local agency staff shall provide loaner multi-user electric breast pumps to WIC breastfeeding mothers when needed to assist mother/baby breastfeeding pairs with an established medical need or a breastfeeding challenge when needed to establish their milk supply or manage breastfeeding.

WIC local agencies shall ensure that multi-user pumps are available for participants who need to establish their milk supply in the following circumstances: ***Please note this list is not inclusive of all potential breastfeeding challenges.***

- For mothers who must be separated from their newborn due to infant or mother hospitalization.
- For mothers of newborns with special needs such as cleft lip or palate, Down Syndrome, cardiac problems, cystic fibrosis, PKU, neurological impairment, or other special need as determined by the WIC CPA.
- For infants with an ineffective suck or inability to nurse because of prematurity.
- For mothers of infants with physical or neurological impairment, such as uncoordinated suck/swallow pattern, weak suck, inability to suck, or inability to latch on to the breast or breast rejection.
- For acute engorgement not resolved with standard treatment.
- For mastitis or breast infection
- For mothers of multiple infants.
- For mothers who are exclusively pumping and not putting baby to the breast.

Multi-user electric breast pumps should not be used for reasons of personal convenience.

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***Issuance of Multi-User Electric Breast Pumps***

Multi-user pumps are issued on a month-by-month basis and are to be loaned and monitored by CPA staff member. Multi-user pumps will typically be loaned for a period of 1-3 months.

Before receiving a breast pump, mothers shall be trained by WIC staff on assembly, use, and cleaning of the breast pump and collection kit and expression and storage of human milk.

WIC staff providing breast pumps to clients shall have been previously trained on breast pump assembly, use, and cleaning, and expression and storage of human milk.

WIC staff shall not issue a replacement electric pump until a participant returns a broken or defective electric breast pump to the clinic.

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***Return of Multi-User Electric Breast Pumps***

Multi-user electric breast pumps should be returned when mother/infant separation ends, when baby is latching on to the breast, or when milk supply is established.

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***Collection Kits***

WIC participants who are loaned a multi-user electric pump should be given their own milk collection kit that is theirs to keep. Collection kits shall not be returned and shall not be reused by other mothers.

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***Carrying Case***

The hard-side case should be issued with a pump. Soft cases/bags should not be used by the WIC clinic as these types of bags/cases cannot be properly cleaned for use by multiple clients.

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***One-Month Issuance of WIC Benefits***

Breastfeeding mothers who are loaned a multi-user electric breast pump should be issued WIC checks on a monthly schedule. Monthly checks will be issued for the duration of time the mother is loaned a pump.

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***Breast Pump Loan/Release Form***

A Breast Pump Release Form/Loan Agreement must be completed for every client prior to issuance of any pump.

If a participant cannot read, the loan/release form shall be read to the participant.

The release form shall be signed by the WIC participant and the WIC staff member who conducts the training. The release form shall be placed in the participant's file.

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***Follow-up***

Clients issued an electric breast pump should be followed up within 48-72 hours of pump issuance to determine if the pump is operating correctly and if she is experiencing any problems using the breast pump. Clients should be instructed to stop using the pump if discomfort occurs and to contact the clinic as soon as possible.

Clients issued an electric pump should be referred to a breastfeeding peer counselor for continued breastfeeding support.

Clients should be followed up at least monthly at each check issuance period. Nutrition education visit at each month when picking up checks.

***Maintaining a Breast Pump Log***

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The participant's ID number, reason for issuance, breast pump number, date issued, date due and date returned should be documented on the multi-user breast pump log.

The breast pump log should be maintained in a central breast pump file at the local agency for audit purposes.

***Checking in Breast Pump Kits after Loan***

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Upon the return of a pump to the clinic, WIC staff shall check the pump case for the following:

- all parts returned
- plug the pump in to ensure it is in good working order
- assess the pump for damage
- clean the pump with a mild bleach solution according to manufacturer's or state agency instructions.

***Storage of Electric Breast Pumps and Collection Kits***

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Electric breast pumps, collection kits, and other breastfeeding aids shall be stored in a locked area or cabinet(s).

All new pumps and collection kits shall be stored in unopened packaging, as received from the manufacturer.

***Retrieval of Multi-User Electric Breast Pumps***

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Local Agencies shall make every effort, to the extent reasonable, practical, and in the best interests of the state to retrieve pumps which are not returned to the clinic in a timely manner.

If a pump cannot be retrieved, the State WIC Breastfeeding Coordinator shall be notified.

**WIC Benefits cannot be withheld if a pump is not returned.**

***Lost or Stolen Pumps***

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Please notify the State WIC Breastfeeding Coordinator regarding any lost or stolen multi-user electric pumps.

***Local Agency Request for Electric Breast Pumps***

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Multi-user electric breast pumps are not available in all WIC Local Agencies. Local agencies that wish to implement an electric breast pump loan/issuance program must submit a request to State WIC Breastfeeding Coordinator for approval.

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# Breast Pump Release Form/Loan Agreement

## FOR ALL BREASTPUMPS:

- I request a breast pump from WIC so that I can provide breast milk to my baby.
- I have been given the breast pump indicated below.
- The use of the pump has been explained to me and I fully understand how to use it.
- I have been shown how to assemble, use and clean the pump and how to safely collect and store my milk.
- For baby's health, I understand that this pump is for my use only. I will not give or sell this pump to anyone or let anyone else use it.
- I understand that the WIC Program, its employees, and the Nebraska Department of Health and Human Services are **NOT** responsible for any personal damage caused by the use of this breast pump or caused by information and instruction provided by WIC staff.

## FOR LOAN of ELECTRIC BREAST PUMPS

- I understand that this pump is the property of the State of Nebraska WIC Program.
- **I agree to return the breast pump or pay the WIC program back for the cost of the pump (\$500).**
- I will contact the WIC Office if I cannot return the pump on time or if I would like to use it longer.
- I will be responsible with this pump and return the pump in clean condition. I will not smoke around the pump. I will handle the pump with care and protect it from loss or theft.
- I will report any loss, theft, breakage, or damage to the WIC Program immediately. If the pump is lost or stolen, I will not receive a replacement pump.
- I will contact the WIC Program if I move or change my phone number.
- I will return the pump clean and in good condition to the WIC office by \_\_\_\_\_.
- If I don't return a loaned pump within 15-days of the return date, I understand the clinic will file a stolen property report with local authorities.
- I understand WIC may contact me to provide breastfeeding support and discuss my need for the pump.
- **I agree with these conditions.**

WIC Client Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

I give WIC staff permission to contact the following person(s) if I cannot be reached:

NAME & PHONE NUMBER \_\_\_\_\_

Call the WIC Program at \_\_\_\_\_ if you have problems with this pump or need help pumping.

Client ID# \_\_\_\_\_

Client Name: \_\_\_\_\_

Type of pump issued: Manual

Electric—Lactina

Electric—Pump in Style

Collection Kit Y N

Serial # \_\_\_\_\_

Pump # \_\_\_\_\_

Pump Issued by: \_\_\_\_\_

Reviewed \_\_\_\_\_ Pumping Plans

\_\_\_\_\_ Storage of breast milk

Date Pump Issued: \_\_\_\_\_

with \_\_\_\_\_ Breast pump assembly

\_\_\_\_\_ Hand expression

Follow-up Date: \_\_\_\_\_

Client: \_\_\_\_\_ Breast pump use

\_\_\_\_\_ Who to call for help

\_\_\_\_\_ Breast pump cleaning

\_\_\_\_\_ Returning to work/school

Sign below when pump is returned

Was this pump helpful to you? Y N

Participant signature \_\_\_\_\_

date pump  
returned

Condition of Returned pump: \_\_\_\_\_

Staff signature \_\_\_\_\_

Original to participant file—copy to participant

## Breast Pump Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Answering these questions will help us determine what type of breast pump would be most beneficial for you and your baby:

Did you use a pump in the hospital? Yes No

Do you have a pump? Yes No

If yes, what kind? \_\_\_\_\_

Where did you get the pump? \_\_\_\_\_

Please tell us more about your need for a breast pump.

1. I need a pump:

- ☐ To use a few times a week. I am with my baby most of the time.
- ☐ I am returning to work or school part-time.
- ☐ I am returning to work or school full-time.
- ☐ I am having breastfeeding problems. The problem I am having is \_\_\_\_\_
- ☐ My baby is unable to breastfeed because: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

2. How long do you plan to breastfeed? \_\_\_\_\_

3. When you are away from your baby, what would you like to feed your baby?

- ☐ Breast milk only
- ☐ Formula only
- ☐ Both breast milk and formula

4. If you are returning to work or school, answer these questions:

- a. How old will your baby be when you return to work/school? \_\_\_\_\_
- b. How many days a week will you be working/attending school? \_\_\_\_\_
- c. How many hours will you be away from your baby each day? \_\_\_\_\_
- d. Will your work/school schedule allow for breaks every 3-4 hours? Yes No Unsure  
If yes, how long will your breaks be? \_\_\_\_\_
- e. Will you have a private place with electricity to pump? Yes No Unsure
- f. Is your employer/school supportive of breastfeeding? Yes No Unsure
- g. Is your childcare provider supportive of breastfeeding? Yes No Unsure

5. Is your family supportive of you breastfeeding? Yes No Unsure

### Staff Use Only

Recommendation for type of pump needed, if any:

- ☐ Manual Reason: \_\_\_\_\_
- ☐ Loaned Electric—Lactina
- ☐ Single-User Electric—Pump in Style

Notes:

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Inventory Receiving Report for Multi-user Breast Pumps

Local Agency # \_\_\_\_\_

Lactina Electric Pump Serial Number	Date Received from State	Staff Member Receiving Pump	Date Receiving Report Sent to State

**Receiving Report Must be Faxed to State Agency within 3 days of receiving pumps**  
**Fax # 402.471.7049**